

**DEPARTMENT OF HEALTH SERVICES****MEDI-CAL BENEFITS BRANCH****MEDI-CAL POLICY DIVISION****714 P Street, Room 1640****P.O. Box 942732****Sacramento, CA 94234-7320****(916) 657-1460**

June 19, 2001

TO: All Local Governmental Agencies (LGAs)  
Medi-Cal Administrative Activities (MAA) and  
Targeted Case Management (TCM) Coordinators

**PPL No. 01-005****SUBJECT: SURVEY ON TCM PARTICIPATION FISCAL YEAR 2001-02**

This annual survey is to determine LGA participation in the TCM program during fiscal year (FY) 2001-02. The survey includes the five existing target populations approved by the federal Health Care Financing Administration (HCFA) and the pending Community (*formerly known as Home Visitation*) target population. The five approved target populations are: Public Health, Outpatient Clinics, Public Guardian, Linkages, and Adult Probation. The proposed Community target population is included to determine the LGAs that intend to provide TCM services to this population, upon approval from the Health Care Financing Administration.

On the enclosed survey form, please indicate whether the LGA will or will not provide TCM services during FY 2001-02 for each target population. Information collected from this survey will be used to update the State Plan. Please sign and mail or fax the survey form by July 31, 2001 to the address below:

Department of Health Services  
Administrative Claiming Policy and Systems Unit  
714 P Street, Room 1640  
Sacramento, CA 95814  
Attn: Mr. Charles Gray  
FAX: (916) 657-0957

To avoid delays and losses of federal reimbursements, please submit the survey form by July 31, 2001.

If you have any questions, please contact Ms. Elizabeth Touhey, Chief of the Administrative Claiming Policy and Systems Unit, at (916) 657-0716 or by e-mail [etouhey@dhs.ca.gov](mailto:etouhey@dhs.ca.gov).

Sincerely,

**Original Signed by P. Morrison**

Patricia L. Morrison, Chief  
Administration Claiming and Support Section

Enclosure

cc: See next page

All Local Governmental Agencies (LGAs)  
Medi-Cal Administrative Activities (MAA) and  
Targeted Case Management (TCM) Coordinators  
Page 2

cc: Ms Linda Minamoto  
Associate Regional Administrator  
Department of Health and Human Services  
Health Care Financing Administration  
Division of Medicaid, Region IX  
75 Hawthorne Street, Fourth Floor  
San Francisco, CA 94105-3903

Mr. Larry Lee, Accountant  
Division of Medicaid  
801 I Street, Room 210  
Sacramento, CA 95814

Ms. Cathleen Gentry  
MAA/TCM Consultant  
Local Governmental Agency  
455 Pine Avenue  
Half Moon Bay, CA 94109

**SURVEY OF LOCAL GOVERNMENTAL AGENCIES (LGAs)  
PARTICIPATING IN TARGETED CASE MANAGEMENT (TCM)**

The purpose of this survey is to identify the LGAs who will be participating in the TCM program during Fiscal Year (FY) 2001/2002. Defined below are five TCM programs in the State Plan Amendment (SPA) approved by the federal Health Care Financial Administration (HCFA). The proposed Community program is also included. Please indicate on this survey whether your LGA will or will not participate in each TCM program during the FY 2001/2002. This survey form should be completed and signed by the TCM Coordinator then mailed to the Dept. of Health Services by June 30, 2001. LGAs who do not return this signed survey by **June 30, 2001** will be ineligible to claim reimbursements for FY 2001/2002.

<b>Name of LGA:</b>			
<b>Target Group</b>	<b>Description</b>	<b>Will Participate</b>	<b>Will Not Participate</b>
<b>Public Health (6)</b>	Medi-Cal eligible high-risk persons identified as having a need for public health case management services including the following individuals: - Women, infants, children, and young adults to age 21 - Persons with HIV/AIDS - Persons with reportable communicable diseases - Pregnant women - Persons who are technology dependent - Persons who are medically fragile - Persons with multiple diagnoses	<input type="checkbox"/>	<input type="checkbox"/>
<b>Outpatient Clinics(7)</b>	Medi-Cal eligible persons who are in need of outpatient clinic medical services and who need case management services in connection with their treatment because they are unable to access or appropriately utilize services themselves, including the following - Persons who have demonstrated non-compliance with their medical regimen - Persons who are unable to understand medical directions because of language or other comprehensive barriers - Persons with no community support system to assist in follow-up care at home - Persons who require services from multiple health/social services providers in order to maximize health outcomes	<input type="checkbox"/>	<input type="checkbox"/>
<b>Public Guardian (9)</b>	Medi-Cal Eligible individuals, 18 years or older, who have exhibited an inability to handle personal, medical, or other affairs, who are under conservatorship of person and/or estate or a representation payee.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Linkages (10)</b>	Medi-Cal eligible individuals, 18 years and older, in frail health and in need of assistance to access services in order to prevent institutionalization.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Adult Probation (11)</b>	Medi-Cal eligible persons who are 18 years of age and older on probation who have a medical and/or mental condition and are in need of assistance in accessing and coordination of medical, social, and other services.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community (13)</b>	Medi-Cal eligible adults and children at risk of abuse and unfavorable developmental, behavioral, psychological, or social outcomes including the following individuals: - Persons abusing alcohol or drugs, or both - Persons at risk of physical, sexual, or emotional abuse - Persons at risk of neglect This target population is not approved by the Health Care Financing Administration (HCFA). Please indicate your intention to provide services to this target population in fiscal year 2001-02, if approved	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
TCM Coordinator

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of TCM Coordinator

\_\_\_\_\_  
Date

Department of Health Services  
 Medi-Cal Benefits Branch  
 Administrative Claiming Policy and Systems Unit  
 Attention: Mr. Charles Gray  
 714 P Street, Room 1640  
 Sacramento, CA 95814